

*“The future belongs to those who believe in the beauty of their dreams.”
– Eleanor Roosevelt*



At NCBDDD, we long to see the day when:

Every child is born with the best health possible.

We can define the causes of and prevent blood disorders and their complications.

We can explain why some children have birth defects and developmental disabilities and others do not, and we can prevent those conditions.

All people with disabilities live healthy, productive lives.

In order to create this new tomorrow, there are imperatives before us today. Together, we can make advancements by addressing our targeted priorities:

- Assuring child health through prevention, screening, and early identification.
- Improving the health of people with disabilities by addressing risk factors for chronic conditions and infections.
- Preventing deep vein thrombosis and bleeding disorders in women.

We have to make the issues of birth defects, developmental disabilities, disability and health, and blood disorders forefront in the national public health agenda. These conditions, many of which are treatable and/or preventable, are costing people their lives, taxing the health care system, and keeping many from living life to the fullest.

Investing in surveillance and epidemiology research is critical to understanding prevalence, risk factors, and the efficacy of our interventions. With current dialogue about health reform, we have a unique opportunity to not only raise visibility of these issues but also to facilitate advancement for the millions of people impacted daily by these conditions.

Our world-renowned scientists will continue breaking ground with research to identify causes and risk factors of conditions like deep vein thrombosis, autism, and cerebral palsy. We will continue working with communities and partners to create programs and interventions that help children and adults get the services they need. We will continue health education and outreach to ensure all persons living with a disability or blood disorder are able to live healthy lives.

But, we cannot do it alone.

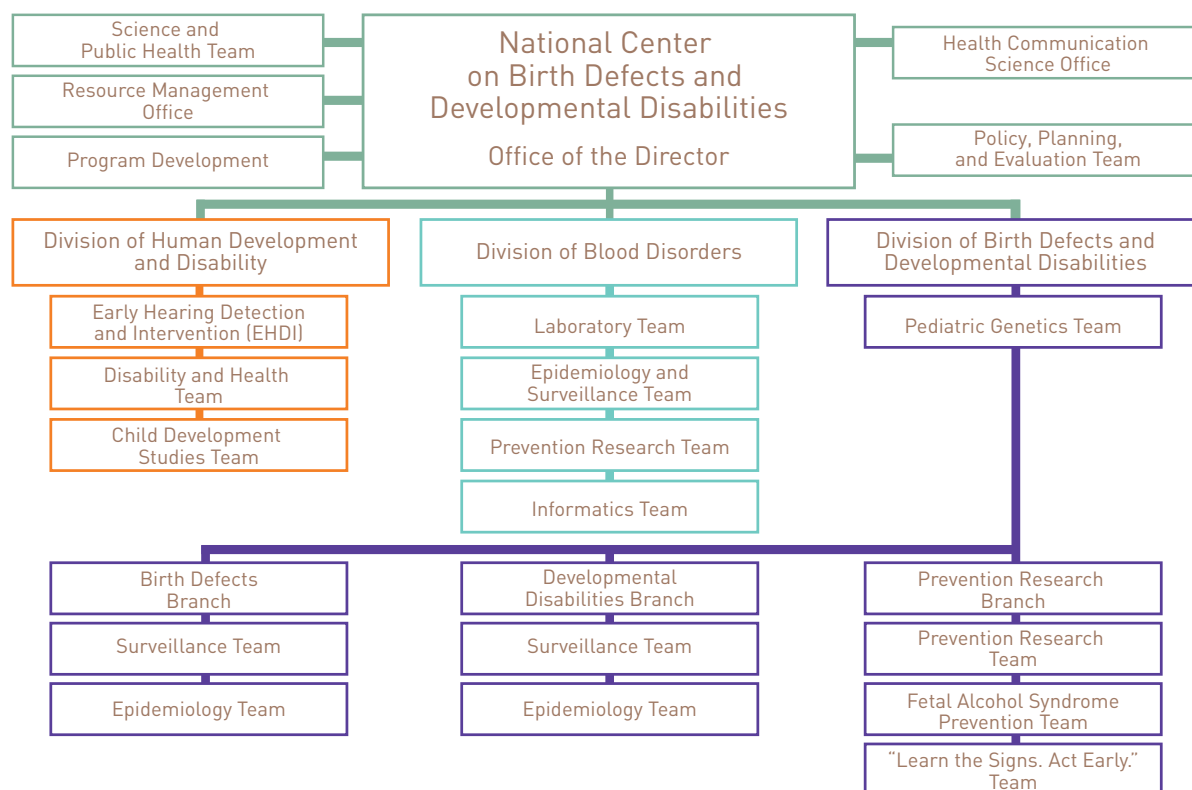
It will take support from researchers, non-profit organizations, health care professional associations, policymakers, educators, consumers, and more to make this day a reality. To realize our vision of a new tomorrow, we must continue to dream passionately, hope faithfully, and strive diligently. While we are sure to face challenges – and even some setbacks – on our journey, we can look forward to celebrating our successes together.

We extend our sincere thanks and gratitude for the collaboration and efforts of our Friends of NCBDDD (formerly the External Partners Group, EPG). A coalition of government and private sector participants, Friends of NCBDDD works to enhance the mission and activities of NCBDDD. For more information about the group or how to join, please visit www.friendsofncbddd.org.

NCBDDD Organizational and Financial Landscape

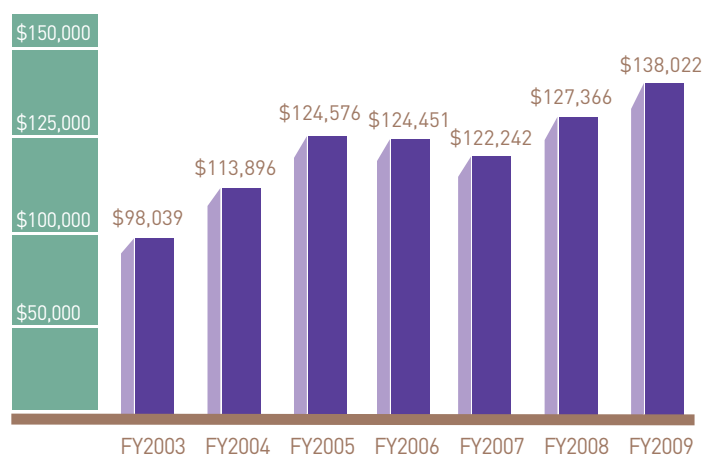
The National Center on Birth Defects and Developmental Disabilities was established by the Children's Health Act of 2000. Our center is organized into three divisions, which are focused on human development and disability, birth defects and developmental disabilities, and blood disorders. Our center is comprised of some **400 dedicated professionals working** within multidisciplinary teams.

NCBDDD Organizational Chart



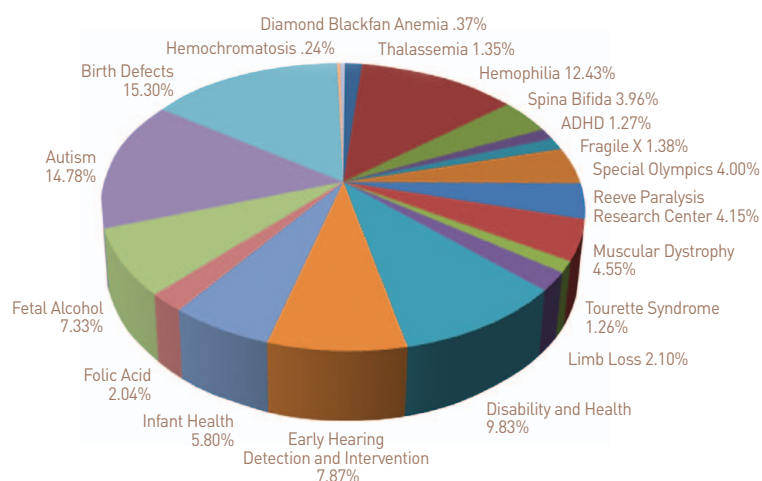
Below you will find information about our fiscal year 2009 budget as well as information about our budget trend since we began operations in April 2001.

NCBDDD Appropriations History



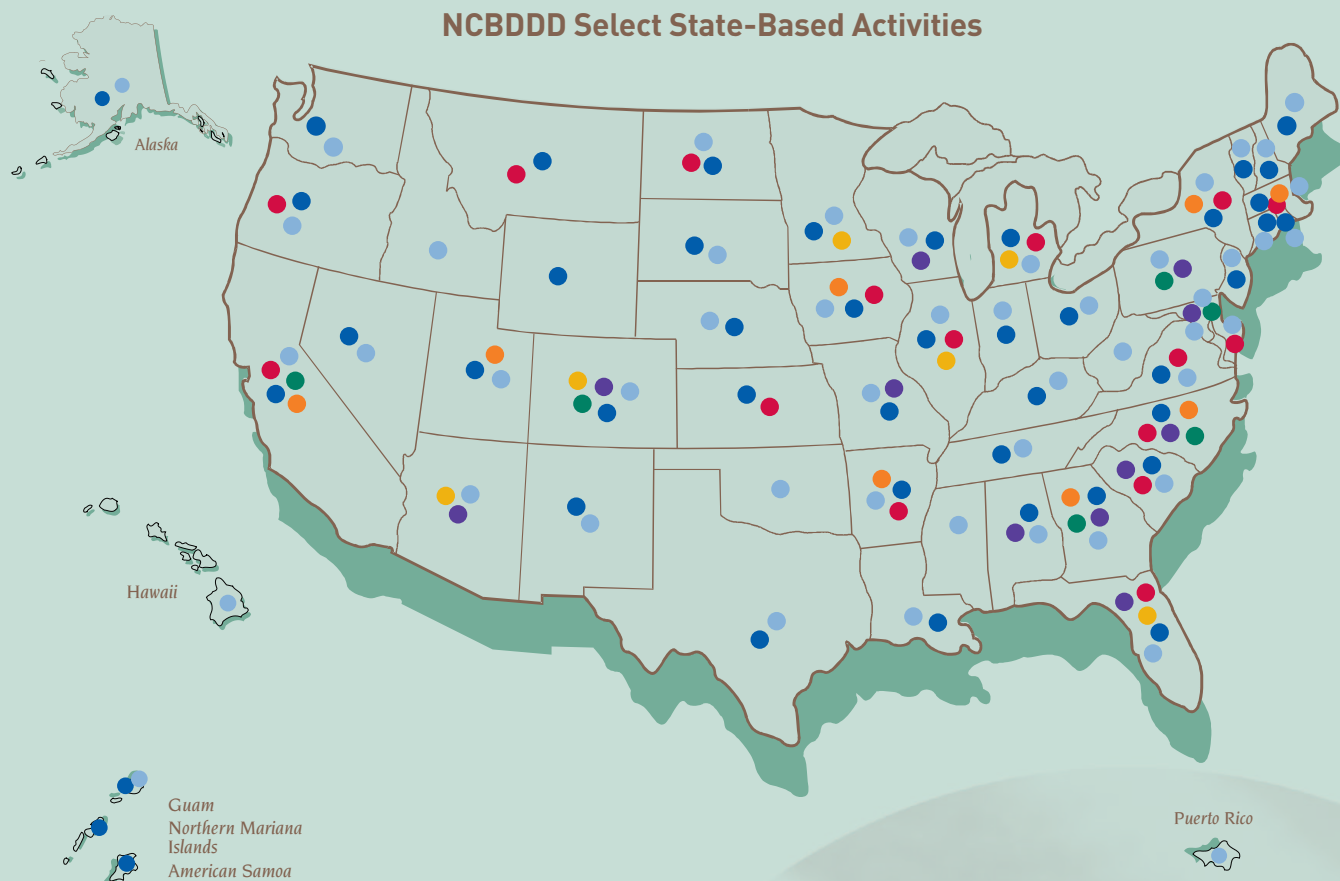
NCBDDD Budget Authority

FY 2009: \$138.02m



A Picture of NCBDDD's Reach

The surveillance and research we conduct at NCBDDD impact the lives of people throughout the United States. Thanks to our collaborative global initiatives, we are also touching lives in many other countries. Below is a map of some of our domestic surveillance and research activities.



- Autism and Developmental Disabilities Monitoring Network (ADDM)
- Birth Defects Monitoring and Tracking Centers
- Centers for Birth Defects Research and Prevention (CBDRP)
- Disability and Health
- Early Hearing Detection and Intervention (EHDl)
- Hemophilia Treatment Center (*134 HTC nationwide, 1 or more HTC per represented state*)
- Study to Explore Early Development (SEED)

Notable 2009 NCBDDD Scientific Publications

Each year, our scientists contribute to the development of numerous publications and articles demonstrating our commitment to advancing science. Below is a list of **key** publications that demonstrate the scientific scope of our work in 2009:

- Alcohol use among pregnant and nonpregnant women of childbearing age – United States, 1991-2005. *MMWR Morbidity and Mortality Weekly Report*. 2009; 58(19):529-532.
- Armour BS, Ouyang L, Grosse SD, Campbell VA, Thibadeau J, Joseph D. Hospitalization for urinary tract infections as a signal of the quality of preventive health care received by people with spina bifida. *Disability and Health Journal*. 2009; 2(3):145-152.
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- Austin H, Lally C, Benson JM, Whitsett C, Hooper WC, Key NS. Hormonal contraception, sickle cell trait, and risk for venous thromboembolism among African American women. *American Journal of Obstetrics and Gynecology*. 2009; 6:e1-e3.
- Bertrand J. Interventions for children with fetal alcohol spectrum disorders (FASDs): Overview of findings for five innovative research projects. *Research in Developmental Disabilities*. 2009; 30(5):986-1006.
- Biernath K, Holstrum W June, Eichwald J. Hearing screening for newborns: the midwife's role in Early Hearing Detection and Intervention. *Journal of Midwifery and Women's Health*. 2009; 54(1):18-26.
- Boulet SL, Boyle CA, Schieve LA (209) Health Care Use and Health and Functional Impact of Developmental Disabilities Among U.S. Children, 1997-2005. *Archives of Pediatric and Adolescent Medicine*. 2009; 163(1):19-26.
- Campbell VA, Gilyard JA, Sinclair L, Sternberg T & Kailes JI. Preparing for and responding to pandemic influenza: implications for people with disabilities. *American Journal of Public Health*. October 2009; 99 Suppl 2:S294-300.
- Centers for Disease Control and Prevention. Prevalence of diagnosed Tourette Syndrome in persons aged 6-17 years – United States, 2007. *MMWR Morbidity and Mortality Weekly Report*. 2009; 58(21):581-585.
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- de Willige SU, Pyle ME, Vos HL, de Visser MC, Lally C, Dowling NF, Hooper WC, Bertina RM, Austin H. Fibrinogen gamma gene 3'-end polymorphisms and risk of venous thromboembolism in the African-American and Caucasian population. *Journal of Thrombosis and Haemostasis*. 2009; 101:1078-84.
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- Grosse SD, McBride CM, Evans JP, Khoury MJ. Personal utility and genomic information: Look before you leap. *Genetics in Medicine*. 2009; 11(8):575-576.
- Grosse SD, Lollar DJ, Campbell VA, Shamie M. Disability and Disability-Adjusted Life Years: not the same. *Public Health Reports*. 2009; 124(2):197-202.
- Grosse SD, Schechter MS, Kulkarni R, Lloyd-Puryear MA, Strickland B, Trevathan E. Models of comprehensive, multidisciplinary care for individuals in the United States with genetic disorders. *Pediatrics*. 2009; 123(1):407-412.
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- Holstrum WJ, Biernath K, McKay S, Ross DS. Mild and unilateral hearing loss: implications for early intervention. *Infants and Young Children*. 2009; 22(3):177-187.
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Learn more about CDC's work in birth defects, developmental disabilities, disability and health, and blood disorders:
www.cdc.gov/ncbddd



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